



Mental Health Blueprint for Maryland's Children, Youth and Their Families

May 2009 Update

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Executive Summary

Maryland's Mental Health Blueprint for Children, Youth and Their Families is an update of the original Blueprint for Children's Mental Health developed in March, 2003. It is a five-year Plan which extends the work of the 2003 Blueprint to address the mental health needs of children, youth and their families. **The guiding philosophy of care found in the Public Health Model, with its emphasis on the health of an entire population beginning with health promotion, prevention and early intervention, is central to this 2009 Update.** The revised Vision and Mission as well as the Recommendations for Action are rooted in the broader public health approach to mental health.

Six major Themes emerged during the planning process. Recommendations for Action were then developed and prioritized within each Theme. The six Themes and the most highly prioritized Recommendation in each are listed below.

- ❖ **Mental Health Promotion, Prevention and Early Intervention**
 - Increase and coordinate mental health promotion efforts, increasing protective factors and decreasing risk factors through individual and community education for all age groups across all jurisdictions
- ❖ **Family and Youth Partnership**
 - Ensure that Family and Youth are equal partners at every level of statewide and local decision making throughout each phase of policy, program and evaluation in all jurisdictions
- ❖ **Infrastructure Development**
 - Develop sustainability for core levels of services, supports, and opportunities in each jurisdiction (as proposed in Continuum of Services and Supports below)
- ❖ **Workforce Development**
 - Strengthen services by providing adequate pre-service and in-service training, resources and leadership to all those who provide direct care to children, youth and their families across disciplines and populations
- ❖ **Access to Care and Opportunities**
 - Provide consistency in policy, practice, and funding across agencies and throughout local jurisdictions.
- ❖ **Continuum of Services and Supports**
 - Define and develop an accessible baseline, or foundation of services and supports, in every jurisdiction in Maryland

Since 2003, six Blueprint standing committees - Early Childhood Mental Health, School-Based Mental Health, Evidence-Based Practices, Workforce, Youth Suicide Prevention and Transition-Aged Youth - have been created to advance the goals defined in the original Blueprint. As a first step in the 2009 Update implementation process, a comprehensive picture will be drawn of the work already accomplished or currently underway in these committees to advance the new Recommendations for Action. Successful ongoing work will be supported and enhanced where possible. Where gaps are found between existing efforts and the Recommendations, additional or revised strategies will be offered. The full Blueprint Committee will provide oversight and leadership in setting priorities, coordinating efforts across committees, and monitoring progress toward achieving the Recommendations for Action across Themes.

Introduction and Overview

In the United States, mental health programs, like general health programs, are rooted in a population-based public health model. Broader in focus than medical models that concentrate on diagnosis and treatment, public health attends, in addition, to the health of a population in its entirety. A public health approach encompasses a focus on epidemiologic surveillance, health promotion, disease prevention, and access to services. Although much more is known through research about mental illness than about mental health, the report attaches high importance to public health practices that seek to identify risk factors for mental health problems; to mount preventive interventions that may block the emergence of severe illnesses; and to actively promote good mental health (Pg. vii).

-U.S. Department of Health and Human Services, 1999

It is with a clear purpose and unanimous support that the stakeholders assembled to update Maryland's Mental Health Blueprint for Children, Youth and Their Families, begin this document with an overarching statement describing the philosophy of care found in the Public Health Model. As expressed above, health promotion, prevention and full access to services are foundational to the Public Health Model. The Committee's articulation of this philosophy of care at the beginning of this introduction signals that the Public Health Model has been the guiding force behind each Recommendation within this Plan and should continue to guide its ongoing implementation and evaluation.

Health is more than the absence of illness. The World Health Organization defines health as "an individual's capacity to realize his or her abilities, to cope with the normal stresses of life, to work productively and fruitfully, and to have fulfilling relationships with other people." Mental health disorder prevention is more than education and goes beyond the individual; it aims to reduce incidence, prevalence, time with symptoms, reoccurrences, and the impact on family and society.

To that end, it is essential to recognize and respect the continuously evolving cultural and linguistic composition and needs of children, youth and families in each of Maryland's jurisdictions. Recommendations for Action within this Plan propose the inclusion and empowerment of all stakeholders, especially children, youth, and families, at every level of involvement from service planning to program evaluation and across the continuum of services and supports from promotion and prevention activities through intensive interventions. Other Recommendations for Action propose systematic analysis of data to reduce and eventually eliminate identified disparities in service delivery. Further, the ongoing education of a broad workforce in core clinical and cultural competencies is an important component of this Plan.

Practically speaking, this Blueprint operates on two levels. First, it provides recommendations for the Office of Child and Adolescent Mental Health as it operates to fulfill its mandate within Maryland's Public Mental Health System. Most of these services, funded by Medical Assistance, are treatment-oriented; however, MHA also

administers grant-funded programs which emphasize prevention and early intervention. On another level, MHA staff together with their partners and stakeholders, especially families and youth, have long played a vital role in advancing the agenda for child and adolescent mental health across initiatives in Maryland. These initiatives cross historical agency as well as public/private boundaries. The Blueprint speaks to these interagency initiatives and public/private involvements, including efforts to influence mental health parity within the private health insurance sector to the extent possible.

The Office of Child and Adolescent Services, with its partners and stakeholders, can and does provide leadership, expertise and guidance to promote wellness, prevention and resiliency in all child and adolescent mental health efforts from universal prevention programs to the most intense levels of care in every jurisdiction across initiatives. As Maryland continues to grow its System of Care – imbued with core values of being child-centered, family- and youth-driven, community-based and culturally and linguistically competent – their role becomes even more important to the future of Maryland’s children.

In summary, within the overarching structure of the Public Health Model, then, this Blueprint is created with the intention of reinforcing the established Vision and Mission of the Mental Hygiene Administration “to create and manage a coordinated, comprehensive, accessible, culturally sensitive, and age appropriate system of publicly funded services and supports for individuals who have psychiatric disorders and, in conjunction with stakeholders, provide treatment, support, and rehabilitation in order to promote resiliency, health and recovery.”

Furthermore, this Blueprint is also created with the intention of setting the course for the Office of Child and Adolescent Services, its advisors, partners and stakeholders in promoting all aspects of mental health and necessary supports – from health promotion to intensive services - among Maryland’s children, youth and families across its many collaborations and initiatives.

Overview of Planning Process

The Blueprint Update Committee met for one full day and two half-days of planning between January and April, 2009. A broad list of 50 stakeholders, including local and state agency representatives, private providers, researchers, advocates and family members participated in the planning process (the list of participants can be found in the Acknowledgment section on page 2).

Discussion during the first day of the 2009 Planning process focused on strengths, challenges, opportunities and threats of and to current mental health efforts on behalf of children, youth and families. These factors were discussed within the context of the original 2003 Blueprint as well as other current planning initiatives that intersected the Blueprint Committee’s task. These associated themes and goals included: Blueprint

Goal areas and Guiding Vision and Values (2003); the six Mental Hygiene Administration Agency Goals; the Maryland Child and Family Services Interagency Strategic Plan (2008); and the Ready by 21 Action Agenda (2008). The principle themes for the Blueprint update emerged during this initial discussion and were refined throughout the three-meeting process. In the end, six Themes were proposed. Each Theme area produced a varying number of Recommendations for Action based on the question: What would need to happen in order for efforts in this theme area (in service of the mental health needs of children and youth) to be successful? Preliminary suggested strategies, intended to “make the Recommendations happen,” were proposed. These strategies are simply a starting point as the Blueprint Committee moves forward in its first steps toward implementing the 2009 update (see below).

In its final meeting, the Blueprint Planning Committee decided to begin the 2009 update process by “taking stock” of the current work of its six standing committees – Early Childhood Mental Health, School-Based Mental Health, Evidence-Based Practices, Workforce, Youth Suicide Prevention and Transition-Aged Youth - and associated child and adolescent mental health workgroups, some of which are already engaged in efforts proposed in this Blueprint update. A survey will be taken to gauge how the Recommendations for Action are already being addressed, either in whole or in part, across these committees and workgroups. Successful ongoing work will be supported and enhanced where possible. Where gaps are found between existing efforts and the Recommendations, new strategies will be offered.

This process not only will allow the Blueprint Committee to paint a comprehensive picture of ongoing efforts but also will provide an opportunity to share with these working groups its vision for the future of mental health services and supports for children, youth and families; its six Theme areas of focus; and all Recommendations for Action. It is the hope of the Blueprint Committee that this initiative will update information – from current membership to accomplishments and challenges - and enhance future communication across groups in grant writing and other planning efforts.

The full Blueprint Committee will provide oversight and leadership in setting priorities among the 2009 Themes and Recommendations for Action, coordinate efforts among its standing committees, and monitor progress toward achieving the Recommendations across Themes.

Vision, Mission and Values

Vision:

In Maryland, the mental and emotional wellness of all children, youth and families is a priority, vital to ensuring that our children and youth are healthy, their families are supported, and all communities are strong.

Mission:

To advance this vision, the Mission of the Mental Hygiene Administration's Office of Child and Adolescent Services, its partners and stakeholders is to:

- Promote wellness, prevention and resiliency in all child and adolescent mental health efforts from universal prevention programs to the most intense levels of care in all areas of the state;
- Work in partnership with local and state child and youth-serving agencies, families, universities, providers, advocates and other stakeholders; and
- Ensure that the mental health needs of children, youth and families are met through a comprehensive, coordinated, accessible and effective continuum of publicly-funded services and supports, and encourage the ongoing development of those service attributes in all interagency efforts as well as in the private mental health sector.

This Vision and Mission are fully informed and supported by the following

Values:

Child-centered and Family-focused

- ❖ Family Driven
- ❖ Youth Driven
- ❖ Strength based
- ❖ Supports families in caring for their child (children) in their home and communities
- ❖ Ensures family participation at all levels of decision-making and evaluation

Accessible

- ❖ Community-based
- ❖ Promotes wellness and provides care in traditional and natural settings
- ❖ Provides timely access to appropriate care
- ❖ Assures access to an array of services in each jurisdiction of the state to allow for consumer choice in the least restrictive, most normative and appropriate setting
- ❖ Ensures access for all children in need of services
- ❖ Proactively removes barriers to quality care

Comprehensive

- ❖ Includes strategies and services for mental health promotion, early intervention, prevention, treatment, and support

- ❖ Addresses the needs of children at all developmental ages and stages from early childhood through transition to adulthood
- ❖ Crosses the life domains of children
- ❖ Supports the needs of the entire family
- ❖ Provides a continuum and intensity of services ranging from community-based services, school-based services, in-home services, residential, hospital-based and crisis services
- ❖ Fosters resilience
- ❖ Trauma informed
- ❖ Ensures that the capacity of service components is appropriate to the need and demand

Effective and Accountable

- ❖ Evidence-based
- ❖ Promotes research-based programs while encouraging innovative programs that are responsive to families of diverse culturally backgrounds
- ❖ Uses documentation, monitoring and accountability measures to assure quality & effectiveness of care
- ❖ Employs mechanisms to ensure continuous quality improvement to facilitate adaptation to changing needs and improving technology
- ❖ Optimally balances access, cost and quality
- ❖ Provides training and adequate compensation to ensure staff provide quality care

Integrated and Coordinated with Other Child-serving Agencies and Institutions

- ❖ Provides expertise, training and consultation on children's mental health to other child-serving agencies
- ❖ Integrates mental health into existing systems of care for children
- ❖ Collaborates to strengthen interagency relationships and promote a unified system for children and families
- ❖ Promotes public, private, academic, state, local, and family partnerships to maximize the resources and strengths of all
- ❖ Provider-supported and supportive of providers
- ❖ Locally manages resources through the Core Service Agencies

Culturally Competent

- ❖ Builds on family strengths, culture and spiritual values
- ❖ Culturally and linguistically competent
- ❖ Culturally, geographically, ethnically and racially relevant

Children Served by the Public Mental Health System and Efforts to Further Develop Maryland's System of Care

The Mental Hygiene Administration's Office of Child and Adolescent Services, together with its valued partners, will provide leadership, expertise and guidance to promote wellness, prevention and resiliency in all child and adolescent mental health efforts from universal prevention programs to the most intense levels of care in all areas of the state.

In discussing the many groups who are affected by Maryland's child and adolescent mental health efforts, it is important to remember that any comprehensive system of care begins with families. Effective systems support families, especially parents in their role as primary caregivers, and by consequence strengthen the communities in which these families live and grow.

According to the Public Health Model's "prevalence triangle," 100% of all youth will engage at the universal health promotion level at some time in their lives. While 80% of all youth will engage *only* at this level, the remaining 20% will also participate in universal health promotion and prevention activities during their lifetimes in addition to accessing more intensive levels of service. Therefore, it is important to emphasize the importance of health promotion and prevention activities to the "population of the whole" as foundational to the discussion of specific service populations.

Furthermore, in all mental health planning efforts, it is important to remember the "movement" of youth among the various levels of care. Among those youth who require the more intensive levels of service, it is the exception rather than the rule that a given child will access only one service or level of service, thus belonging to only one service "population." Being mindful of this dynamic, the changing and/or concurrent needs of individual youth, rather than the more commonly referenced "static" needs of a given service population, become the guiding force in the planning, implementation and oversight of all mental health efforts.

Of particular concern among the populations of children and youth receiving mental health services and supports are those who are dually diagnosed or triple diagnosed – mental or behavioral disability, substance abuse and developmentally disabled. Efforts to recognize and address the unique needs of these youth are woven throughout this Plan.

Fifteen percent (15%) of Maryland's youth are expected to require services at a targeted intervention level. In addition to Medicaid services provided through the Public Mental Health Service, the Mental Hygiene Administration serves countless numbers of children through grant-funded programs¹. While not exhaustive, the following list describes many of these grant-funded efforts:

¹ Not all programs are available statewide

- Early childhood mental health consultation
- School-based mental health programs
- Prevention and family support services, including respite care for families
- Public education programs such as “Caring for Every Child’s Mental Health”
- Suicide prevention programs and hotlines
- Youth violence programs
- Disaster response
- Local projects
- Crisis response and stabilization
- In-home supports
- Some TAY (Transition-Aged Youth) and Peer Support programs
- Mental Health assessments in detention centers
- Family Intervention Specialists
- Rural telepsychiatry
- Deaf and Interpreter Services
- Client support services
- Education and training
- Emergency Psychiatric Services
- Some psychiatric supports for Treatment Foster Care
- Case Management
- Family to family support

A relatively small percent of children’s mental health funds are allocated for these grant programs.

Maryland’s public mental health system is mandated to serve specific populations of children, including:

- Children eligible for Medicaid – MCHP (Maryland Children’s Health Program)
- Children without insurance
- Children in out-of-home facilities-public/residential level of care
- Children with a DSM-IV diagnosis excluding substance abuse and developmental disorders when they do not co-occur with a psychiatric disorder
- Children court-ordered to the Mental Hygiene Administration

The largest percent of children’s mental health dollars is spent to pay for services used by these groups of children.

Although the number of children served in the categories described above has steadily grown, barriers exist that limit significant groups of children from accessing appropriate levels of care. These groups notably include:

- Children and families with private insurance who cannot access the array or intensity of services provided in the public mental health system
- Children with Medical Assistance who are not able to locate providers who will accept Medical Assistance
- Children living in rural areas who cannot access care due to lack of providers
- Children from non-English speaking and immigrant families

- Children in treatment foster care, foster care and group homes
- Youth who are transitioning to adulthood
- Children with behavioral and emotional problems who need early childhood daycare facilities
- Special Populations needing Intensive Outreach, including:
 1. Kinship care/ Grandparents as caregivers
 2. Parents with substance abuse and mental illness
 3. Special Adoptions
 4. Teen Parents
 5. Gay, Lesbian, Bisexual, Trans-gender and Questioning Youth
 6. Victims/children and youth who cause sexual harm (especially victims)
 7. Transition-aged Youth
- All children and families who need crisis services
- Children with co-occurring disorders, substance abuse and mental health

Populations of children who were of particular concern in 2009 included:

- As previously mentioned, those children and youth who are dually diagnosed or triple diagnosed – mental or behavioral disability, substance abuse and developmental disability
- Homeless families and children
- Children of military families
- Children of incarcerated parents
- Children exposed to trauma
- Children who are victims of violence and children who witness violence
- Children in out-of-home placement

Planning Structure

The Themes and Recommendations for Action found in this Mental Health Blueprint for Children, Youth and Their Families all rest within the overarching framework and philosophy of care found in the Public Health Model. **The emphasis that the Public Health Model places on concern for the population as a whole, health promotion, disease prevention, and full access to services defines the values that infuse every aspect of Maryland's Mental Health Blueprint for Children, Youth and Their Families (2009).** The following is an explanatory excerpt from "Mental Health: A Report of the Surgeon General" (U.S. Department of Health and Human Services, 1999, p.3).

Mental Health and Mental Illness: A Public Health Approach

The Nation's contemporary mental health enterprise, like the broader field of health, is rooted in a population-based *public health model*. The public health model is characterized by concern for the health of a population in its entirety and by awareness of the linkage between health and the physical and psycho-social environment...In years past, the mental health field often focused principally on mental illness in order to serve individuals who were most severely affected. Only as the field has matured has it begun to respond to intensifying interest and concerns about disease prevention and health promotion." (pg. 3)

As previously stated, the six principle Themes for the Blueprint update emerged during initial discussions of the strengths, challenges, opportunities and threats to and of current mental health efforts on behalf of children, youth and families both within the Public Mental Health System as well as across interagency efforts. Each Theme area produced a varying number of Recommendations for Action based on the question: What would need to happen in order for efforts in this theme area (in service of the mental health needs of children and youth) to be successful? The six Themes put forward were: Mental Health Promotion, Prevention and Early Intervention; Family and Youth Partnership; Infrastructure Development; Workforce Development; Access to Care and Opportunities; and Continuum of Services and Supports. On the following page is a table of these Themes as well as their accompanying Recommendations. The Recommendation listed first is that which received the highest priority within each Theme by the planning group.

A Summary of Themes and Recommendations for Action Guided by the Philosophy and Framework of the Public Health Model

THEME	Recommendation	Recommendation	Recommendation	Recommendation
Mental Health Promotion, Prevention and Early Intervention	Increase and coordinate mental health promotion efforts , increasing protective factors and decreasing risk factors through individual and community education	Utilize effective communication tools to educate, motivate and mobilize Maryland's children and their families to engage in good mental health practices and bring together groups and individuals for broader goals and greater impact	Through the development of strong partnerships with a broad range of stakeholders in each community – early childhood caregivers, schools, physicians, families and others – foster environments that support good mental health and in which problems are identified at their earliest point across the state	Develop and integrate statewide social-emotional support efforts using a tiered approach.
Family and Youth Partnership	Ensure that Family and Youth are equal partners at every level of statewide and local decision making throughout each phase of policy, program and evaluation in all jurisdictions	Provide financial support for both statewide and local family support organizations and initiatives	Provide training and technical assistance opportunities to system partners, advisors, stakeholders, youth and families to ensure full representation, engagement, and empowerment of culturally, linguistically, economically diverse families and youth	Ensure full representation of culturally, linguistically, economically and geographically diverse families and youth at every level of decision making, engagement in services and supports and empowerment
Infrastructure Development	Develop sustainability for core levels of prevention and promotion, intervention services, supports, and opportunities in each jurisdiction	Improve the ability of the data management system to retrieve comprehensive information necessary to system development decision making, including for young children	Ensure that the values inherent in the public health model are visible and operational in all workings of MHA's Office of Child and Adolescent Services and other state agencies funding early childhood services	Provide opportunities for evaluating the level, quality, and outcomes of youth and family partnerships

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THEME	Recommendation	Recommendation	Recommendation	Recommendation
Workforce Development	Strengthen services by providing adequate pre-service and in-service <u>training, coaching, and mentoring</u> , resources and leadership to all those who provide direct care to children, youth and their families across disciplines and all populations	Strengthen the link among <u>training and technical assistance</u> , competencies and standards for mental health professionals and <u>consultants</u>	Provide an ongoing, coordinated effort to define changing community needs and professional needs of the mental health workforce <u>and others involved in interventions including teachers, child care personnel, out of school programs, and family members and advocates</u> , including educational preparation, continuing education and adequate compensation, to foster recruitment and retention of highly qualified professionals	As the Mental Health system changes to meet evolving needs and demands, opportunities should be made available to re-educate, coach, and mentor affected staff to meet the challenge and evolving needs of children, youth and families being served
Access to Care and Opportunities	Provide consistency in policy, practice, and funding across agencies and throughout local jurisdictions	Efforts to increase community knowledge of available services and how to access those services is critical to effective service delivery	Increase outreach to specialized populations which is essential to improving access to services for all	Recognize and respect the continuously evolving cultural and linguistic composition of the children, youth and families with mental health needs in each MD community
				<u>Reduce existing barriers for access and acceptability of interventions and supports</u>

THEME	Recommendation	Recommendation	Recommendation	Recommendation
Continuum of Services and Supports	Define and develop an accessible baseline, or foundation of services and supports, in every jurisdiction <u>and age group</u> in Maryland	<u>From Promotion, prevention, and to intensive intervention services for youth and families with intensive needs, necessary services and supports should be available across jurisdictions and age groups for children and youth for all levels of need</u>	Develop a true data driven system of care that is based on capacity issues across the state that is evaluated and modified on an on going basis as program improvements, other needs, information and technology becomes available	Both within the Public Mental Health System responsibilities as well as in collaborative efforts in building the system of care across Maryland for OAS office staff and partners to provide leadership in advancing the mental health needs of children and families as well as infusing the values of the Public Health Model across initiatives
Note: Each of these 6 themes support or have some overlap with each other. It will become the work of the Blueprint Committee to integrate these Recommendations so that there is a coordinated plan of action with measurable outcomes that also are tied to MHA's overall system goals.				

Themes, Recommendations for Action and Suggested Strategies

In the pages that follow, each Theme is defined; both Recommendations for Action and *preliminary* strategy suggestions to “make the Recommendations happen” are set forth.

Before the implementation of *any* suggested strategy, the Blueprint Committee will begin the [2009-2010](#) update process with a survey of existing standing committees. This survey will collect information on current efforts to address the Recommendations for Action in the six Theme areas. With this information as a foundation, the suggested strategies will be refined and expanded, as needed, to fill gaps or advance ongoing efforts; it may be found that some strategies are already being addressed in full by an existing committee or workgroup. The surveyed committees will include both the current Blueprint standing committees as well as associated child and adolescent mental health workgroups which may already be engaged in efforts recommended in this update. The full Blueprint Committee will provide oversight to this process, evaluating the information collected, defining what gaps remain and deciding how best to refine or expand the suggested strategies to address those gaps. Please see “Next Steps” at the end of this document for a further discussion of the survey and subsequent implementation plans.

The Recommendations for Action and suggested strategies that follow are presented by Theme topic in the order listed below. Mental Health Promotion, Prevention and Early Intervention was listed first by Planning participants to emphasize again the Blueprint’s foundation in the philosophy of care as defined in the Public Health Model. The six Themes are:

- Mental Health Promotion, Prevention and Early Intervention
- Family and Youth Partnership
- Infrastructure Development
- Workforce Development
- Access to Care and Opportunities
- Continuum of Services and Supports

THEME 1: MENTAL HEALTH PROMOTION, PREVENTION AND EARLY INTERVENTION

All children, youth and families need to have access to opportunities and supports for promoting positive mental health, preventing mental disorders and intervening as early as possible when mental health problems do occur. Mental health promotion, prevention and early intervention involve a continuum of activities that include reducing risk factors, increasing protective factors, promoting the ability to cope with the normal stresses of life and intervening as early as possible. These activities must involve a diverse set of stakeholders, including youth and family partners at all levels of decision-making, to ensure that adequate opportunities, services and resources exist in all communities throughout Maryland.

The spectrum of prevention efforts is illustrated in the Table below.

Level of Spectrum	Definition of Level
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
6. Influencing Policy Legislation	Developing strategies to change laws and policies to influence outcomes

(Source: Prevention Institute)

Important steps have been taken in the area of mental health prevention and early intervention for children and adolescents in Maryland. Some of those mentioned during the planning process included:

1. **Children's Mental Health Awareness Campaign in May** – a partnership with the Mental Hygiene Administration, Mental Health Association and Maryland Coalition of Families for Children's Mental Health
2. **Caring for Every Child's Mental Health** – Mental Health Association Kid's on the Block Puppet Troupe going into schools
3. **Ad Council Campaign** – What a Difference a Friend Makes
4. **Healthy New Moms:** Maryland's Campaign to End Depression During & After Pregnancy.
5. **Early Childhood Mental Health Consultation** in all jurisdictions to provide consultation to childcare providers
6. **MSDE Children Entering School Ready to Learn** - All kindergarten teachers systematically observe their students, document their learning, and rate their

competencies using specific WSS Kindergarten Developmental Guidelines associated with these indicators. The checklist includes self-control, self-concept and interaction with others.

7. **School Mental Health** growing throughout the state
8. **Universal PBIS** in 46% of schools
9. **Depression Screening** - The National Depression Screening Project, a mental health screening program, sponsors National Depression Screening Day each October. The Project operates a toll-free, year-round phone line that allows callers to find free and confidential screening locations in their local areas. The screen is also available online. The next screening day is October 8, 2009.
10. **Suicide Prevention** – Network of Youth Crisis Hotlines – new federal prevention grant.
11. **Mental Health First Aid** –Mental Health First Aid is a 12-hour training program developed in Australia to promote understanding of mental health needs. The Transformation grant has funded Mental Health First Aid in Maryland. The manual and training for adults has been developed and piloted. A manual and training addressing children's mental health disorders and needs is being developed.
12. **Bullying Prevention** – Bullying prevention programs in schools and legislation to support programs in schools.
13. **Trauma screening** – FITT federal grant in Baltimore City - Family-Informed Trauma Treatment (FITT) Center
14. **CSEFELMD-SEFEL** - ~~Center on the~~ Social and Emotional Foundations for Early Learning (**CSEFELMD-SEFEL**) is focused on promoting the social emotional development and school readiness of young children birth to age 5.
15. **Interface between primary care (PC) and mental health** – Work going on at Johns Hopkins and University of Maryland. Joint conference held in spring 2008.

Recommendation 1: *Mental Health Promotion, Prevention and Wellness*

Increase and coordinate mental health promotion efforts, increasing protective factors and decreasing risk factors through individual and community education for all age groups across all jurisdictions in Maryland.

Strategy 1.1: Sustain gains already evident in mental health [promotion and](#) prevention efforts

Strategy 1.2: Streamline existing mental health promotion efforts across ages and jurisdictions in order to leverage funding, applying the same [tiered](#) approach ~~to plans~~ for future efforts ~~as well~~.

Strategy 1.3: Collaborate with appropriate agencies/ committees to review voluntary school health curricula to ensure that they adequately address mental health promotion and prevention

Recommendation 2: *Advocacy (Social Marketing and/or Communication)*

Utilize effective communication tools to educate, motivate and mobilize Maryland's children and their families to engage in good mental health practices and bring together groups and individuals for broader goals and greater impact.

Strategy 2.1: Develop mechanism/structure/process/partners for communicating mental health message to promote community education on mental health (social marketing).

- Messages could be based on themes – e.g. bullying, What a Difference A Friend Makes, etc.
- Once mechanism/structure/process is in place messages can respond to current events, such as current climate of job loss and resulting depression and impact on children.

Strategy 2.2: Increase public awareness and education to address stigma associated with children and youth's mental, emotional and behavioral disorders (carry forward from Blueprint 2003)

Strategy 2.3: Inform and encourage employers to promote mental health wellness, prevention and early intervention to employees and their families as well as creating and maintaining a healthy work environment.

Recommendation 3: *Early Intervention*

Through the development of strong partnerships with a broad range of stakeholders in each community – early childhood caregivers, schools, physicians, families and others – foster environments that support good mental health and in which problems are identified at their earliest point across the state.

Strategy 3.1: Build upon efforts to strengthen interface between primary care and mental health by piloting consultation models such as:

- *Massachusetts Child Psychiatry Access Project (MCPAP)* - Psychiatric consultants are available to meet the needs of primary care providers. This may range from telephone consultation up to, and including, an onsite practice visit to discuss implementation with the practice staff.
- *North Carolina* - A psychiatrist meets with physicians, individually or in groups, in their offices, in hospitals, or in any convenient place to provide consultation-education training in basic psychiatric skills, including community psychiatry.

Strategy 3.2: In every jurisdiction, promote the integration of early childhood and school aged youth mental health promotion, prevention and early intervention into natural environments where children are cared for:

- Primary Care
- Child Care
- Head Start and Pre-school Programs

(revision/ carry forward of Blueprint 2003 strategy)

Using tiered approach with training consultation, and mentoring.

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Strategy 3.3: All schools should have a positive learning environment and promote in-school wellness by increasing school-based mental health services and ensuring the use of Evidence Based Practices by school-based mental health preventive interventions and remedial services in every school. Specific components of this effort are:

- Environmental enhancement
- Skills training
- Curriculum-based programs
- Out of School Time positive environments

(revision/ carry forward of Blueprint 2003 strategy)

- Using three-tiered approach

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Strategy 3.4: Build full framework of behavioral interventions in pre-school, child care, and schools, including MD-CESFEEL, PBIS, social-emotional learning, and school mental health.

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See Appendix A for this Theme Group's endorsement of recommendations from other ongoing initiatives associated with the mental health of children and youth.

THEME 2: FAMILY AND YOUTH PARTNERSHIP

Families and youth should be well represented, engaged and empowered in every facet of the child and family-serving system – at the state and local policy levels, at the quality assurance level, and throughout the service delivery system at all levels including promotion, prevention, early intervention, and treatment. Family and youth partnerships should be respectful of the unique background of all families and should meet the individual needs of each family. The importance of Family and Youth Partnership makes it both a separate Theme area as well as an integral part of every other Theme. The Recommendations and Strategies offered under this Theme reaffirm a policy of family and youth involvement, engagement, and participation to ensure all future practice, policies, and funding reflect commitment to family and youth driven services and values.

Recommendation 1: *Partnership across all Levels of the System of Care*
Ensure that Family and Youth are equal partners at every level of statewide and local decision making throughout each phase of policy, program and evaluation in all jurisdictions

Strategy 1.1: Ensure family and youth participation is embedded in practice at all phases of Blueprint planning, implementation, quality monitoring and evaluation.

Strategy 1.2: Require Family and Youth members' involvement, reflective of all geographic and economic groups, at the table of statewide and local mental health advisory committees/boards and workgroups

Strategy 1.3: Support and expand Youth Move in every jurisdiction

Strategy 1.4: Continue to support the system of care paradigm shift to community-based, family and youth driven and culturally competent services across the state.

Strategy 1.5: Continue to support family and youth advocacy at all levels of statewide and local planning, service delivery and evaluation.

Strategy 1.6: [Utilize the youth and family advocates to inform programs and services for young children in addition to informing services for themselves.](#)

Recommendation 2: *Financial Support*
Provide financial support for both statewide and local family support organizations and initiatives

Strategy 2.1 Ensure that family and youth partnerships are embedded in program development and contracting processes

Strategy 2.2 Support core funding for statewide and local Family and Youth support organizations in all elements of the continuum of care at the state and jurisdictional levels.

Recommendation 3: *Training and Technical Assistance*

Provide training and technical assistance opportunities to system partners, advisors, stakeholders, youth and families to ensure full representation, engagement, and empowerment of culturally, linguistically, economically diverse families and youth

Strategy 3.1 Continue to support family and youth leadership programs

Strategy 3.2 Encourage training opportunities that include co-facilitation by providers, family, and youth

Strategy 3.3 Encourage the involvement of youth and families in the development of trainings

Strategy 3.4 Develop family and youth complements to trainings on evidence-based practices

Recommendation 4: *Cultural Diversity*

Ensure full representation of culturally, linguistically, economically and geographically diverse families and youth at every level of decision making, engagement in services and supports and empowerment through opportunities available to all in a culturally competent manner.

Strategy 4.1 Develop social marketing strategies that are targeted toward diverse populations to promote youth and family participation across efforts

Strategy 4.2 Eliminate barriers to family and youth participation by utilizing strategies, including, but not limited to, child care assistance, transportation, interpretation services, and financial support.

Strategy 4.3 When possible, utilize family and youth staff members to encourage engagement of other youth and families

Recommendation 5: *Measuring Progress/Evaluation*

Provide opportunities for evaluating the level, quality, and outcomes of youth and family partnerships in all jurisdictions in conjunction with infrastructure development

Strategy 5.1: In partnership with the research community, include youth and families in developing process and outcomes measures and tools to evaluate family and youth partnerships

Strategy 5.2: Ensure families and youth are participants in monitoring quality assurance for programs and services

Strategy 5.3 Provide system partners with technical assistance and training to ensure the full representation, engagement, and empowerment of culturally diverse families and youth

See Appendix A for this Theme Group's endorsement of recommendations from other ongoing initiatives associated with the mental health of children and youth.

THEME 3: INFRASTRUCTURE DEVELOPMENT

It is essential that the Mental Hygiene Administrations Office of Child and Adolescent Service maintains and further advances the resources, structures and funding opportunities necessary to support the continuing development of a family and youth driven, community-based and culturally competent system of care with an emphasis on accountability and a concerted effort to mentor the leaders -who will carry forward the Blueprint vision and mission.

Recommendation 1: *Financing*

Develop sustainability for core levels of services, supports, and opportunities in each jurisdiction [for all age groups](#)

Strategy 1.1 Employ outcome data and effectiveness studies to inform systems design

1.1a Prioritize financial support for family and youth driven and culturally competent evidence-based and promising practices, including family and youth peer support structures and organizations and gender-specific interventions.

1.1b Develop a financing plan to correspond with the evidence-based and promising practices prioritization and implementation plan. One future component of the financing plan could include an exploration of federal fund maximization.

1.1c Explore various innovative financing structures that that will provide an infusion of resources to address identified priorities. This could include identification of opportunities for federal fund maximization, with an understanding of the limitations on these funds and the risks involved, as well as an emphasis on obtaining private funds to support community initiatives

1.1d Explore opportunities to engage in reinvestment strategies to enhance programs in the child-family serving systems without requiring additional funds.

Recommendation 2: *Information Management, Data Sharing and Systems Design*

Improve the ability of the data management system to retrieve comprehensive information necessary to system development decision making. Continue to partner and build the child and adolescent mental health system with resources that ensure capacity to plan, implement, analyze, provide interagency coordination, oversight of design, quality improvement, program monitoring and management; [and link these data with systems serving children and youth](#)

Strategy 2.1: Revise and update current CSA planning process by developing and operationalizing mechanisms to provide models for implementing state priorities and local needs [for children of all ages](#).

Strategy 2.2: Develop methods to access, analyze and utilize comprehensive demographic data tied to medical records (not claims based) in mapping and sizing continuum of care and opportunities.

2.2a Develop data system capabilities to tie Level of Intensity to Medical Record Data System

2.2b Tie Level of Intensity service development to Medical Record Data System to ensure an operationalized system that ensures access to appropriate levels of intensity and opportunities

Recommendation 3: *Quality and Systems Improvement*

Ensure that the values inherent in the public health model are visible and operational in all workings of the Mental Hygiene Administration's Office of Child and Adolescent Services

Strategy 3.1 Regulations, policies and operations should be reviewed or written to reflect a resilience and developmental model integrating the values and principals of a system of care

Strategy 3.2 Utilize data from outcomes to establish the balance between state and local priorities

THEME 4: WORKFORCE DEVELOPMENT

The foundation of quality services and supports within a system of care is the preparedness, utilization and allocation of its workforce. Efforts must be initiated and maintained to support mental health "professionals," broadly inclusive of all providers ([pre-school, child care, and school based](#) paraprofessionals, certified/licensed clinicians/[consultants](#), direct care workers, foster care providers, family and youth workers, and others) in their abilities to provide the highest quality of [promotion, prevention, care and education](#) across every population. Populations under treatment are becoming increasingly complex. Workforce development efforts must take into account the need to allocate resources for treating and educating about co-occurring disorders such as but not limited to developmental disabilities, substance abuse and mental health conditions as well as Transition Aged Youth. All of these efforts must be undertaken in a manner sensitive to and knowledgeable about cultural diversity issues.

It is the overarching recommendation of the workgroup on Workforce Development that this Theme should be broad and apply to all workforce populations who address the mental health needs of children and families. As was stated in the Theme statement above, "professionals" should be inclusive of all providers ([child care and school-based](#)) paraprofessionals, certified/licensed mental health clinicians/[consultants](#), direct care workers, treatment foster care providers, family and youth workers and others.

Recommendation 1: *Support for Mental Health Practitioners and Providers*
Strengthen services by providing adequate pre-service and in-service training, [coaching and mentoring](#), resources and leadership to all those who provide direct care [and services](#) to children, youth and their families across disciplines and all populations.

Strategy 1.1 Provide support, ~~and~~ training, [and technical assistance](#) to all direct care providers (specialized coaching and training) according to specific needs, especially treatment foster care families and others who provide direct support through providers

Strategy 1.2 Develop a Mental Health Training/[Technical Assistance](#) Resource Network to connect all trainings being offered across the state to offer greater access to participants

Strategy 1.3 Develop a dedicated Office for Workforce Development to ensure that workforce issues remain a priority. It may include: A resource network for providers and organizations

- Linkage capacity for clients with providers and providers with clients
- Serve as a Training and Technical Assistance Center

Strategy 1.4 Provide training, ~~and~~ coaching, [and mentoring](#) to support providers/organizations in their ability to [implement and](#) sustain Evidence Based Practices (EBP) with fidelity

Strategy 1.5 Provide training, ~~and~~ coaching, [and technical assistance](#) support to Families and Youth with Mental Health needs to ensure that they are able to access supports and advocate for their needs.

Recommendation 2: *Clinical Competencies*

Strengthen the link among training, competencies and standards for mental health professionals

Strategy 2.1 Develop a standard professional evaluation mechanism (use the educational system's teacher standards as an example) with a method for supporting changes as areas of weakness are discovered.

Strategy 2.2 Develop a mechanism to link training/[technical assistance](#) programs (competency-focused) to needs of providers and clients

Strategy 2.3: Maintain linkages with academic sector in order to expand upon and improve best practices.

Recommendation 3: *Recruitment and Retention*

Provide an ongoing, coordinated effort to define changing community [and consultation](#) needs and professional needs of the mental health workforce, including educational preparation, continuing education and adequate compensation, to foster recruitment and retention of highly qualified professionals.

Strategy 3.1 Develop a methodology and vehicle by which to constantly update the right "mix" of disciplines to meet changing needs of clients across the state [for all ages of children](#)

Strategy 3.2 Develop working partnerships with educational institutions to:

- Adjust training of potential professionals, [paraprofessionals, service providers, and consultants](#) to fit developing needs of clients
- Increase the amount of time spent in the field or on practical applications during graduate training
- Ensure that training curriculums are competency focused and cross disciplinary.

Strategy 3.3 Develop adequate funding streams specific to recruitment and retention including:

- Incentives to attract mental health professionals to shortage area
- Fair compensation for professionals
- Ongoing professional development, job training [technical assistance](#) and support

Strategy 3.4 -Develop implementable workplace standards to promote retention

Strategy 3.5: Ensure that adequate clinical supervision is available for mental health professionals and providers at all levels

- Supervisors Trainings [and Technical Assistance](#) will need to be developed in order to support this and should be linked to core competencies in the field of mental health to ensure consistency.

Recommendation 4: *Retooling the Mental Health Workforce*

As the Mental Health system changes to meet evolving needs and demands, opportunities should be made available to re-educate affected staff to meet the challenge and evolving needs of children, youth and families being served.

Strategy 4.1 Create professional development opportunities to allow staff to explore job alternatives

Strategy 4.2 Develop partnerships with community colleges and university training programs

Strategy 4.3 Provide support to providers/organizations to develop a plan and/ or training program to provide additional skills/supports to existing MH health professionals whom may be transitioning to other types of employment

Note: These strategies are unfinished. They are a beginning, based on the group conversations.

THEME 5: ACCESS TO CARE AND OPPORTUNITIES

Prompt access to opportunities and appropriate resources that empower families and youth to address identified needs, build on strengths, and participate in individualized services and supports that enable continued resiliency of the youth and family. Families and youth should receive timely, respectful, and culturally and linguistically competent support to navigate the system.

Adequate access to services requires community knowledge, the structural capacity of service providers to meet community needs (and reasonable knowledge of what those needs are) and a workforce able to meet the service demand. It is the recommendation of the workgroup on Access to Care and Opportunities that recognition of the needs of families with private insurance, workforce readiness, and required partnerships with all child and family serving agencies, including schools (see Theme 1), are critical to our success, drive and define “access,” and impact all of the suggested strategies.

Recommendation 1: *Structural Capacity of System to Meet Community Needs*
Provide consistency in policy, practice, and funding across agencies and throughout local jurisdictions.

Strategy 1.1 Increase the consistency across the state [for all age groups](#) with regard to:

- Availability and awareness of services
- Screening
- Training/ Knowledge
- Policy
- Practice
- Core Set of Services and Supports (taken from 2003 Blueprint):
 - Crisis response
 - In-home support
 - One-on-one aides
- Financing

Strategy 1.2 Ensure workforce capacity is adequate to local [needdemand](#) (See also Workforce Development Recommendation #3)

Strategy 1.3 Develop mechanisms to bridge services and develop partnerships between private and public sectors.

Recommendation 2: *Community Knowledge*
Efforts to increase community knowledge of available services and how to access those services is critical to effective service delivery

Strategy 2.1 Enhance the effectiveness of the Local Access Mechanism (LAM) in each jurisdiction by –Increasing awareness of LAMs across each community thereby:

- Increasing the number of youth who are screened and assessed in a timely and appropriate manner
- Increasing the number of families and youth who are connected to the appropriate services and supports by family and system navigators

Strategy 2.2 Increase community knowledge of public system eligibility and entitlements, and make information available and understandable for families with children and youth with mental health needs. .

Recommendation 3: *Outreach to Special Populations*

Increase outreach to specialized populations which is essential to improving access to services for all.

Strategy 3.1 Extend access to services for Transition Aged youth in all jurisdictions

Strategy 3.2 Extend access to services for children and youth from families with private insurance in all jurisdictions

Strategy 3.3 Extend access to services for children and youth with co-occurring needs in all jurisdictions.

Strategy 3.4 Recognize potential mental health and substance abuse needs of parents and connect parents with necessary services.

Strategy 3.5 [Extend access to services for pre-school age children \(birth-5\).](#)

Recommendation 4: *Cultural and Linguistic Competency*

Recognize and respect the continuously evolving cultural and linguistic composition of the children, youth and families with mental health needs in each of Maryland's communities.

Strategy 4.1 Identify and address cultural and linguistic barriers to utilization of and access to mental health care.

Strategy 4.2 Collect and analyze disparity data to help reduce and eliminate identified disparities.

THEME 6: CONTINUUM OF SERVICES AND SUPPORTS

From mental health promotion and prevention to intensive interventions, there is a need to develop as fully as possible a continuum of services, supports, and care, including evidence-based and promising practices, that work toward ensuring appropriate levels of services and supports are available in every jurisdiction and community to meet their specific population needs with the intent of optimizing mental health outcomes.

Recommendation 1: Core Continuum of Care

Define and develop an accessible baseline, or foundation of services and supports, in every jurisdiction in Maryland

Strategy 1.1 Conduct a review of all the current dollars being spent, including fee for services, grants, demonstration projects as well as the cost of simply “doing business,” and how issues of geographic disparities could be addressed, so that funding can be based or re-allocated to assure these services and supports are in fact available in every jurisdiction.

Strategy 1.2: A strategic assessment (current) and plan for the use of Residential Treatment Center capacity, as services shift to more community-based alternatives, should be undertaken to match and maximize evolving capacity with evolving need.

Recommendation 2: Opportunities and Needs across Age Groups

From prevention to intensive services for youth and families with intensive needs, necessary services and supports should be available across jurisdictions and age groups.

Strategy 2.1: Comprehensively evaluate the statewide availability of and specific unmet needs for services across four distinct age groups using the work of the various subcommittees of Blueprint to date:

- **Early Childhood**

- Ages 6-12
- Ages 13-18
- Transition Age Youth

This assessment should be particularly mindful of the needs of youth with co-occurring disorders including substance abuse and developmental disabilities and youth who are also parents.

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Recommendation 3: Data Driven System of Care

Develop a true data driven system of care that is based on capacity issues across the state that is evaluated and modified on an on going basis as program improvements, other needs, information and technology becomes available

Strategy 3.1: An evaluation should be undertaken of what is the “right mix” and allocation of dollars to support Evidence Based Practices while also assuring that the traditional continuum of care is funded.

Recommendation 4: *Interagency Collaboration*

It is important both within the Public Mental Health System responsibilities of the Office of Child and Adolescent Services as well as in collaborative efforts in building the system of care across Maryland for office staff and partners to provide leadership in advancing the mental health needs of children and families as well as infusing the values of the Public Health Model across initiatives.

Strategy 4.1 Define the roles of the MHA Child and Adolescent Division and the Blueprint (including the subcommittees), in defining the continuum of care and supports (from prevention to intensive needs) especially in regard to balancing MHA’s primary responsibility to the PMHS, while participating in joint interagency strategies

Of importance, this Workgroup discussed and recommended continued action and emphasis be placed on the following recommendations from the original Blueprint (2003):

- That all services listed in the 2003 Blueprint remain in focus. While there has been service expansion in many of these areas, it has been unevenly developed across the State.
- The “service array document” developed several years ago should be re-examined and become the basis for beginning to establish the foundation of services that need to be available in jurisdictions across the State.
- Respite and crisis services deserve particular emphasis as they are foundational to the continuum of services as it expands

Next Steps

The Blueprint Planning Committee will begin the [2009-2010](#) update process by “taking stock” of the current work of its six standing committees - Early Childhood Mental Health; School-Based Mental Health; Evidence-Based Practices; Workforce; Youth Suicide Prevention and Transition Aged Youth - as well as associated child and adolescent mental health workgroups, some of which are already engaged in efforts recommended in this Blueprint update. A survey will be taken to gauge how the Recommendations for Action are already being addressed, either in whole or in part, across these committees and workgroups.

This process not only will allow the Blueprint Committee to paint a comprehensive picture of ongoing efforts but also will provide an opportunity to share with these working groups its vision for the future of mental health promotion, prevention, services and supports for children, youth and families; its six Theme areas of focus; and all Recommendations for Action. It is the hope of the Blueprint Committee that this survey will update information – from current membership to accomplishments and challenges - and enhance future communication across groups in grant writing and other planning efforts.

Staff from the Office of Child and Adolescent Services will collect the survey information and organize it according to Theme. Summaries for each Theme area will be brought to the full Blueprint Committee for consideration. The Committee will provide oversight and leadership in the following areas:

- Identify ongoing efforts that successfully address one or more of the 2009 Recommendations for Action and propose continuing support or enhancement, where possible.
- Identify gaps between existing efforts and 2009 Recommendations for Action and propose strategies to fill those gaps. Consideration will be given to creation of additional standing committee(s) if needed
- Endorse priority Recommendations for Action
- Propose how to promote communication across standing committees and other workgroups addressing issues related to child and adolescent mental health to enhance coordination of efforts (in grant writing, planning, etc.)
- Monitor progress toward achieving the Recommendations for Action across Themes.

Future steps include:

- Refine strategies associated with each Recommendation
- Develop implementation plans for each Theme area
- Develop outcome measures for each Theme area
- Develop monitoring and evaluation plans for each Theme area

At this time, it is envisioned that on a quarterly or some other agreed upon regular basis, a progress report for each Theme area will be presented to the Blueprint Committee as a whole for discussion and further recommendation.

Appendix A

Blueprint Endorsement of other Agency or Interagency Efforts

As mentioned in the Plan, the Blueprint Committee reviewed associated themes, goals and strategies from a number of other planning efforts, past and present, related to the mental health of children and youth. Those efforts reviewed included: Blueprint Goal areas and Guiding Vision and Values (2003); the Mental Hygiene Administration Agency Goals (6); the Maryland Child and Family Services Interagency Strategic Plan (2008); and the Ready by 21 Action Agenda (2008).

Many of the recommendations from these broader agency or interagency efforts go beyond the scope of the Blueprint Planning effort; however, in order to recognize their importance to the mental health of children and youth, a number of the Theme groups expressed support for these ongoing efforts by specifically endorsing some of their recommendations and strategies. These endorsements indicate the Blueprint Committee's support for the success of these efforts; however, the specific recommendations that are endorsed are not part of the Blueprint, itself, and do not indicate any responsibility for their implementation or evaluation. With that in mind, the following support and endorsements are offered:

The Workgroup on **MENTAL HEALTH PROMOTION, PREVENTION AND EARLY INTERVENTION** supports the current efforts of the Mental Hygiene Administration and its partner child-serving agencies by endorsing the following recommendations and strategies as found in the Child and Family Services Interagency Strategic Plan (2008):

THEME: CONTINUUM OF OPPORTUNITIES, SUPPORTS AND CARE

Recommendation 1: Strategy 1.4

- The Children's Cabinet should support the use of home visiting programs across Maryland that aligns with the outcomes that the Children's Cabinet Agencies are seeking to achieve.

THEME: EDUCATION

Recommendation 1: Strategy 1.1

- The State should continue to build on its early care and education initiatives, with priority for early education programs given to children who are at-risk due to poverty, disability, or other circumstance.

Recommendation 2: Strategy 2.4

- Local school systems should be encouraged to implement evidence-based practices, programs, supports and services to create opportunities for youth to remain in school and reduce suspensions, expulsions, and violence.

Recommendation 2: Strategy 2.1:

- The Maryland State Department of Education should continue to collaborate with the Department of Health and Mental Hygiene to create linkages between Positive Behavioral Interventions and Supports (PBIS) and school-

based mental health services with a goal of expanding to all Maryland public schools.

Recommendation 4:

- Schools across Maryland should be equipped with the resources and materials, as recommended by Maryland State Department of Education, to provide extensive school-based alternative education programs, Career and Technology Education (CTE) programs, apprentice training, and post-secondary education, as well as opportunities for dual enrollment to support students (including returning students up to the age of 21 and special education students), with academic and/or behavioral needs.

The Workgroup on **FAMILY AND YOUTH PARTNERSHIP** endorses the current efforts of the Mental Hygiene Administration by specifically endorsing the following recommendations and strategies:

- RTC Waiver implementation that includes peer to peer and family to family support